

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **45181**

FILED JAN 13 1958

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>245</u>  |  | PRIMARY REG. DIST. NO. <u>3047</u>  |  | Registrar's No. <u>165</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Newton</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>   |  |  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>304 Patterson</b>   |  |  |  | d. STREET ADDRESS (If rural, give location) <b>304 Patterson</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Arthur</b>  |  | b. (Middle) <b>Reginald</b>  |  | c. (Last) <b>Dunn</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 26, 1957</b>              |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>March 18, 1884</b>                                     |  |
| 9. AGE (In years last birthday) <b>73</b>  |  | 10. MONTHS <b>9</b>  |  | 11. DAYS <b>8</b>   |  | 12. IF UNDER 12 HRS. Hours <b>0</b> Mins. <b>0</b>                         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>  |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Missouri</b>   |  |  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |  |  |
| 13a. FATHER'S NAME <b>John Wesley Dunn</b>   |  |  |  | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Holliday</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Bessie Dunn</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  |  |  |  | 16. SOCIAL SECURITY NO. <b>497-42-9264</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. R. Dunn, Neosho, Missouri</b> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Coronary Occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ |  |  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  |
| 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>4201</b>  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____               |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>12-25</b> , 1957, to <b>12-26</b> , 1957, that I last saw the deceased alive on <b>12-26</b> , 1957, and that death occurred at <b>3 a</b> m., from the causes and on the date stated above.   |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>Harold C. Bantz, M.D.</b>  |  |  |  | 23b. ADDRESS <b>Neosho Mo.</b>  |  | 23c. DATE SIGNED <b>12-30-57</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>12-28-57</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Neosho I.O.O.F.</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>      |  |
| DATE REC'D BY LOCAL REG. <b>12-31-57</b>   |  | REGISTRAR'S SIGNATURE <b>Melvin C. Browner, M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyle, Neosho, Missouri</b>   |  | ADDRESS <b>Neosho, Missouri</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton  
District File Number 158-9  
Date Filed JAN 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Looby Thompson Jr.  
Licensed Embalmer No. 4861

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.